



INTEGRATED PLACEMENT ASSESSMENT

Substance Abuse Service Division – Maranda Brown, Adult Service Coordinator

User Guide

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Screening

Purpose

1. Upon initial contact with an agency, essential information must be gathered to substantiate the need for an assessment appointment. This information gathering is known as screening. Screening is a process involving a brief review of a person's presenting problem to determine the person's appropriateness and eligibility for substance abuse services and the possible level of services required.
2. Screens are first line identifiers and as such, are imperfect. They may either under identify or over identify the condition they are designed to detect. Standard screens help avoid these problems, and follow up assessments are key to adequately identifying and incorporating co-occurring disorders into a comprehensive treatment plan.

Administration of the Screening

1. Screening can be done over the phone or face to face.
2. The screening can be administered by an administrative or clerical staff member.
3. Ideally screening is conducted prior to the assessment and then an appointment is scheduled. However, oftentimes circumstances are not conducive to this process and screening may occur at the same time that the assessment is conducted.

Tools

The screening consists of:

- a. Demographic information necessary for the Alabama Substance Abuse Information System Project (AS AIS)
- b. UNCOPE
- c. MINI Screen

Process

Once the screening information is collected a portion of that information will be entered into the AS AIS to generate a unique client identifier. The screening tools can then be forwarded to the clinician in preparation for the assessment appointment.

Completing the Screening

A running header is utilized on each page of the documents to easily identify who the documents belong to so that if any page became separated it could readily be placed with the corresponding pages. The running header should be completed on each page and begins on page two of the screening.

RUNNING HEADER

- **ASAIS ID:** Assign and enter the client's unique identifying number for reporting. This number is assigned after the client is screened.
- **Last Name:** Write in the client's last name.
- **First Name:** Write in the client's first name.
- **MI (Middle Initial):** Write in the client's middle initial.

SCREENING & INDIVIDUAL INFORMATION

Pages one through four contains important identifying information about the assessment and data to be entered into the information management system (ASAIS).

- **ASAIS ID:** This number is assigned through ASAIS after the client is screened and is used for reporting. Write in the client's unique identifying number.
- **Provider ID:** This should be the provider's unique identifier which equates to the vender number within ASAIS. Indicate the number here.
- **Name:** Write in the client's last name, first name, and middle initial, and maiden name. Do not enter a nickname or alias.
- **Alias 1:** Enter any other name (false, fictitious) the client uses (or used) as an alternative to their legal name.
- **Alias 2:** Enter any other name (false, fictitious) the client uses (or used) as an alternative to their legal name.
- **What is the most important thing you want that made you decide to call for help:** Indicate the client's response. This is to identify what is most important to the client in deciding to come for an assessment or treatment – not what he or she thinks should be said; or what he or she thinks you want to hear. We are interested in what the client actually wants in an honest way e.g., "I want to get my parents off my back."; "I want to get off probation and not go to jail"; "I really want to stop using as drugs have really messed up my life"; "I want to stay home and not be sent to foster care or a group home."

If a client says something like: "I have to be here"; or "They told me to come"; or "They made me come", ask the client what would happen if they had not shown up for the appointment. If the client says something like: "Then I might go to jail or detention" or "I won't have as many privileges" then ask the client would it be OK if that happened. If the client says something like: "No, that's why I came today so that wouldn't happen", then

you now have what is most important to the client which should then drive the assessment and treatment planning process.

PRESENTING PROBLEMS

- **Presenting Problems:** Indicate by check ☒ mark each that the client indicates as a problem. Allow client to elaborate on this and indicate the client's response.

DEMOGRAPHICS

- **Date of Birth:** Enter two digits for the month, two digits for the day, and four digits for the year excluding slashes (e.g., 07/17/1997).
- **Age:** Indicate the client's age at time of assessment.
- **Social Security number:** Enter the client's Social Security number.
- **Medicaid #:** If currently receiving Medicaid please indicate the number found on the client's medical card.
- **Address:** Indicate the client's current physical address. Enter the house number, street name, and apartment number, if applicable. Do not enter a post office box. If the client is homeless, indication that later in the **Living Arrangement** section and enter their last known address. Be sure to make a note for your summary to include this information.
- **City:** Indicate the city in which the client lives. If homeless indicate the city of last known address if not residing in a shelter.
- **State:** Indicate the state by using the United States Postal Service Accepted Abbreviations.
- **Zip Code:** Enter the client's five digit zip code.
- **County of Residence:** Enter the client's county in which they reside.
- **Emergency Contact:** Enter name & phone number of an individual who can be contacted on your behalf in the event of an emergency. Please note that a consent for release of information will also be necessary.
- **Home Phone:** Enter the client's home phone number to include area code.
- **Work Phone:** Enter the client's work phone number to include area code.

SEX, RACE, ETHNICITY, MARITAL STATUS

- **Sex:** Indicate by a check ☒ the client's sex.
- **Race:** Indicate by a check ☒ the option which best describes the client's race.
- **Ethnicity:** Indicate by a check ☒ the option which best describes the client's ethnicity.
- **Marital Status:** Indicate by a check ☒ the client's current marital status. Enter the number of years and

months the client's marital status as indicated. Enter the total number of marriages.

LANGUAGE PREFERENCE

- **Language Preference:** Indicate by a check ☒ the client's primary language of fluency.

HOUSEHOLD & EDUCATION

- **Head of Household:** Indicate by a check ☒ if client is the head of household i.e. someone who is unmarried and resides with a dependent.
- **Education (Years Completed):** Indicate the number of years of education completed beginning with grammar (elementary) school through post secondary education.


REFERRAL SOURCE

- **Referral Source:** Indicate by check ☒ mark the category which best represents who referred the client.
- **Reason for Referral:** Indicate the reason the referral source made the referral based on the client's response.


FINANCIAL

- **Source of Income Statement:** (I receive my principle source of income from) Indicate by a check ☒ the client's principal source of financial support. For children under 18, indicate the parent's primary source of income/support: The categories are defined below:

01 Wages / Salary	This indicates the client has source of income from wages / salary based on compensation received from employment.
02 Public Assistance	This indicates financial assistance received from a government entity which is paid by taxpayers to people who do not support themselves.
03 Retirement / Pension	This indicates a steady income received as a result of employment for retired and / or disabled persons.
04 Disability	This indicates monthly financial assistance received from a government entity based on aged, (legally deemed to be 65 or older), blind, or disabled persons based on need.
08 None	This indicates that the client has none of the previously mentioned resources. If you believe a client may meet the criteria for any available resources make a notation of this and follow up regarding helping the client to access the resources they may benefit from.
20 Other	This indicates that the previously mentioned resources did not capture the type of resources the client has.

• **Source of Payment:** Indicate by a check  each that the client has access to that would pay for the services provided. The categories are defined below:

0 No Charge	This indicates the services are free, charity, and / or apart of special research or teaching.
1 Worker's Compensation	This indicates the client receives compensation due to an injury during the course of employment.
2 Personal Resources	This indicates the client has the financial means through self and / or family to pay for services.
3 Health Insurance Companies	This indicates the client has private insurance other than Blue Cross / Blue Shield that has coverage to pay for services.
4 Service Contract	This indicates that an employee assistance program, health maintenance organization, or public mental health authority will pay for services.
5 Medicaid	This indicates the client receives Medicaid benefits to pay for services.
6 Medicare	This indicates the client receives Medicare benefits to pay for services.
9 Other Government Payments	This indicates the client has received or is receiving payments from another government entity not indicated that will pay for services.
10 Blue Cross / Blue Shield	This indicates the client has BCBS benefits to pay for services.
11 DMH	This indicates that the client does not have any of the above sources for payment in any form and as a payor of last resort the agency will utilize contractual funds from the DMH.

• **Insurance:** Indicate by check  mark the medical related resources the client has. The categories are defined below. It may be necessary for your agency to verify the indicated resource by photocopying identification cards and following up with the company regarding benefits and / or benefit eligibility.

01 Private Insurance	A form of insurance that pays for medical expenses. It may be provided through a government-sponsored program, or from private insurance companies. It may be purchased on a group basis (e.g., by a firm to cover its employees) or purchased by individual consumers. In each case, the covered groups or individuals pay premiums or taxes to help protect themselves from high or unexpected healthcare expenses. Similar benefits paying for medical expenses may also be provided through social welfare programs funded by the government.
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02 Blue Cross / Blue Shield	A federation of independent, community-based and locally operated healthcare coverage companies.
03 Medicare	A social insurance program administered by the United States government, providing health insurance coverage to people who are either age 65 and over, or who meet other special criteria.
04 Medicaid	A health program for individuals and families with low incomes and resources. Among the groups of people served by Medicaid are eligible low-income parents, children, seniors, and people with disabilities.
06 Health Maintenance Organization	A type of managed care organization that provides a form of health care coverage that is fulfilled through hospitals, doctors, and other providers with which the HMO has a contract.
20 Other (Tricare, Champus)	This category may include insurances that are provided through other means not already indicated. For example, Tricare (formerly known as Champus) is the military health care plan for military personnel, military retirees, and their dependents. It is also available to some members of the Selected Reserve and their dependents.
21 None	This category is for individuals who do not have any form of insurance. If you believe a client may meet the criteria for one of the insurances available make a notation of this and follow up regarding helping the client to access the resources to apply for coverage.
97 Unknown	This category is for individuals who know they have some type of insurance but are unsure at the present which category it fits within. It will be necessary for the client to provide verification of what resource they have.

UNCOPE SCREEN

The UNCOPE consists of six questions. This screen may be used free of charge for oral administration in any medical, psychosocial, or clinical interview. It provides a simple and quick means of identifying risk for abuse and dependence for alcohol and other drugs.

- U** In the past year, have you ever drank or **used** drugs more than you meant to?
- N** Have you ever **neglected** some of your usual responsibilities because of using alcohol or drugs?
- C** Have you felt you wanted or needed to **cut down** on your drinking or drug use in the last year?
- O** Has anyone **objected** to your drinking or drug use? or, has your family, a friend, or anyone else ever told you they **objected** to your alcohol or drug use?
- P** Have you ever found yourself **preoccupied** with wanting to use alcohol or drugs? or have you found yourself thinking a lot about drinking or using?
- E** Have you ever used alcohol or drugs to relieve **emotional discomfort**, such as sadness, anger, or

boredom?


Indicate by a check  the client's response to each question. Total the number of positive (yes) responses. Two or more positive responses indicate possible abuse or dependence. Four or more positive responses strongly indicate dependence.

Hoffmann, N. G. Retrieved from: [http://www.evinceassessment.com/ UNCOPE_for_web.pdf](http://www.evinceassessment.com/UNCOPE_for_web.pdf)
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MINI SCREEN

The M.I.N.I. is the most widely used psychiatric structured diagnostic interview instrument in the world. The M.I.N.I. is used by mental health professionals and health organizations in more than 100 countries. The M.I.N.I. is a short, structured diagnostic interview that was developed in 1990 by psychiatrists and clinicians in the United States and Europe for DSM-IV and ICD-10 psychiatric disorders. With an administration time of approximately 15 minutes, the M.I.N.I. is the structured psychiatric interview of choice for psychiatric evaluation and outcome tracking in clinical psychopharmacology trials and epidemiological studies.

The M.I.N.I. is designed to identify persons in need of an assessment based on gateway questions and threshold criteria found in the Diagnostic and Statistical Manual. These gateway questions relate to signs of distress that may be attributed to a diagnosable psychiatric disorder; however, **NO SPECIFIC DIAGNOSIS SHOULD BE INFERRED**. When the Mini Screen is implemented properly, it increases the likelihood of identifying someone who truly has mental illness.

All questions must be asked and a response indicated to the right of each question by a check  to indicate the client's response. The clinician should ask for examples when necessary, to ensure accurate coding. The client should be encouraged to ask for clarification on any question that is not absolutely clear. The questions have corresponding modules that are indicated in alphabetical order by letter, corresponding to a diagnostic category. Each question that yields a positive response (yes) indicates the need for the corresponding module to be administered. Yes responses do not mean the client is mentally ill; it simply means they are reporting distress that indicates a need for further assessment.

Administration of the corresponding modules is to be done by a clinician when the client has been abstinent for two weeks. The goal is to screen the client when their sensorium is not clouded by alcohol or other drugs and/or the withdrawal of substances—at a minimum, the client should be stabilized prior to screening. The modules may be administered during the initial stages of treatment. The results of the screen and modules may be utilized in the development of the individual service plan, for case coordination and planning, and referral. A clinician may conduct subsequent screens as appropriate based upon their clinical judgment and as per the program's policies and procedures. There are separate instructions for administering the modules that are contained within the M.I.N.I. Interview. A copy of the can be downloaded from <https://www.medical-outcomes.com/indexSSL.htm>

Conducting the Assessment

Administration of the Assessment

This assessment has been designed for professional administration. DMH/MR-SASD Standard 312 requires clinical assessments of substance abuse clients to be performed by a person with at least two years of clinical experience and is licensed as a psychiatrist, physician, psychology, social worker, or counselor; or has a master's degree in a clinical area. This assessment is *administered* by someone meeting the above standard. Therefore the assessment cannot be handed or given to the client to complete. Administration of the assessment must be done one on one and not in a group setting.

Setting of the Assessment

The assessment must be done in an individual (one on one) setting with the assessor and the client. Additional clinical staff and / or interns may be present at the time of the assessment. The assessment should not be done in a group setting. If a client is limited cognitively, illiterate, physically and/or mentally, the client may have a family member, significant other, etc. to accompany them.

Repeat items that are misunderstood

Sometimes clients don't understand particular items or even words within the items. When this happens, repeat the item and if needed, provide further clarification of the item. Do what is needed to help the client understand the item. Do not suggest answers to the client to speed up the process.

Tools

The assessment consists of:

- a. ASAM PPC-2R Dimension information (7 pages)
- b. ASAM PPC-2R Diagnostic Summary (1 page)
- c. Client Characteristic Data Summary (2 pages)
- d. University of Rhode Island Change Assessment Scale (URICA) (2 pages)

Process

Upon client's arrival for the appointment, the client can be provided a copy of the URICA (page 1 only) to complete while waiting to meet with the clinician. Once the client has completed the URICA the administrative staff can score it using the scoring template provided. The URICA and the scoring information must be provided to the clinician so that the score can be transferred to the assessment (Dimension 4). The client is then ready to meet with the clinician to facilitate the assessment.

Basic Administration

General Information

The assessment is administered in a relatively straightforward process. To begin, there are several things you need to know about the structure of the assessment in order to avoid confusion.

Sections and Formatting. Sections are divided by boldfaced lines and boldface text indicates the subject nature of the section. The sections of the assessment are ordered first by demographic information that is essential to ASAIS. These sections are initially presented to allow the assessor and the client to develop some rapport before more intrusive questions are required. The sections are then ordered by ASAM dimension. To minimize administration time the assessment uses a check off system for a great percentage of the instrument. As much as possible, responses have been preprinted to minimize writing. Subsequently, detailed information is collected typically only if the responses require an explanation.

Types of Questions. There are four main types of questions in this assessment:

- Questions that ask the client to choose one answer from a list of multiple options or simple lists that require choosing “Yes” or “No.” If the client’s response could fit in multiple categories, ask the client to decide which response choice comes closest.
- Questions that ask the client to answer with a number, such as the number of times he or she did something.
- Open ended verbatim questions that ask the client to answer in his or her own words. The assessor indicates the client’s response (preferably in computer generated – typewritten format or in black printed ink) as closely to the client’s own words as possible.

Nature of Questions. Many of the questions have been written to match clinical criteria. While some questions may seem similar or unnecessary, past experience suggests that different clients respond to different questions. It is therefore important to ask each question and not presume an answer. If a question does not apply, indicate N/A (non-applicable) and / or line through any unused items.

Administration. The assessment is designed to collect as much information in 90-120 minutes on the client’s first day of treatment as would often be collected in the first few months of treatment. This saves time and reduces redundancy. Still, under some circumstances (time constraints, intoxicated clients, etc.) it may not be possible to complete the assessment in one sitting. If this occurs, it is essential to collect the information on page one of the assessment. The full assessment should be completed within 7 days of gathering page one information. The greater the gap between administering these items and completing the rest of the assessment items, the more difficult it will be to complete and a greater number of inconsistent answers will occur. Thus, when possible, split administrations should be avoided.

Types of Administration. The assessment should be administered in person and can be orally administered to a client by a staff member using either the computer-assisted version (Microsoft Word Form Fill type document) or the paper and ink version. **The assessment cannot be self-administered by the client, or self-administered to a group of clients.** The clinical supervisor should specify whether you must use a certain administration type or whether you can choose the type of administration.

Preparing to Administer the Assessment

Prior to conducting the assessment, identify a quiet place with a desk or table where you may conduct the assessment. If necessary, you can provide a space within your main office as long as it is quiet and no one else can easily overhear what the client is responding to.

The hard copy of the actual assessment can be printed on 3-ring paper held together with binder rings or in a notebook, or it can be stapled, clamped together, or loose, but you should make sure that it can be opened flat (which makes it easier to use during the interview) and that it can be filed easily. Note that if you are using the computer-assisted option, you will still need writing utensils and paper. We strongly recommend keeping a full paper copy of the assessment on hand even when using the computer-administered version in case of electrical or technical problems.

We also strongly recommend that you make arrangements for the client to have access during the assessment to juice, soda or coffee; a bathroom; and a place to take a smoke break (if possible).

Getting Started with the Client

The initial steps of administering the assessment are to explain the purpose, content of the information to be asked, and the amount of time it generally takes to administer. Verify that the client is not too impaired cognitively or in terms of literacy. This verification can be done by verifying the client's ability to locate himself in place and time prior to an assessment. This can be done by directly observing client performance on other tasks prior to the assessment or through some kind of mini mental-status exam. It is very important to tell the client about any situations in which confidentiality would be broken. For example, mandated reporting situations require divulging confidential information if the client reports child abuse or is a danger to himself or others.

Let the client know how you will administer the assessment and record responses. Inform the client that if he does not know an answer, that you will ask him/her to give the best guess. Be sure to ask the client whether s/he has any questions before you begin. Making sure all client questions are answered before the assessment begins will save time in the long run.

Completing the Assessment

SASD ADULT INTEGRATED PLACEMENT ASSESSMENT

ACUTE INTOXICATION AND / OR WITHDRAWAL POTENTIAL – ASAM DIMENSION 1

This entire section targets the information necessary to thoroughly look at Dimension 1 criteria for ASAM PPC-2R.

In general, someone in an extreme state of withdrawal (and intoxication) is going to be referred to a detoxification or medical unit before the assessment is done or will be screened out during the initial screening. However, people may come in while still high and be at significant risk for withdrawal. Withdrawal requires recent cessation of use after a prolonged period of heavy use (criterion A), a set of overlapping substance-specific symptoms (criterion B), that these symptoms cause significant distress or impaired social or occupational functioning (criterion C) and that the symptoms are not better understood solely as a result of another medical or psychological condition. Substance intoxication and withdrawal are covered on pgs. 199-209 in the *DSM-IV-TR*. Substance-specific symptom patterns have been defined by *DSM-IV-TR* for alcohol, amphetamines, cocaine, opioids and sedative, hypnotic, or anxiolytic drugs (pgs 216, 228, 246, 273, and 289). Intoxication specific criteria are listed as well for cannabis, hallucinogens, inhalants, PCP, and other drugs.

- **Do you have a history of withdrawal symptoms:** Indicate by a check ✓ the client's response. Specific categories are listed, indicate by a check ✓ the client's response to experiencing any of the listed symptoms. The crosswalk (on the following page) is provided to correlate with some of the specific symptoms for indicated substances.
- **When you haven't been able to obtain AOD, cut down on your use, or stopped using: have you experienced any of the following:** Indicate by a check ✓ the client's response to any of the listed symptoms.
- **Are you currently experiencing any of the above:** Indicate by a check ✓ the client's response. Have the client explain the extent to what he or she is currently experiencing and for how long (minutes, hours, days, etc.).
- **Have any of these symptoms kept you from doing social, family, job or other activities:** Indicate by a check ✓ the client's response. This response is part of criterion c in the DSM for the noted substances.
- **Have you used AOD to stop or avoid having these symptoms:** Indicate by a check ✓ the client's response. This response is a general symptom of withdrawal.
- **Are the symptoms due to a medical condition or some other problem:** Indicate by a check ✓ the client's response. This response is a general symptom of withdrawal.

Crosswalk of *DSM-IV-TR* substance specific and general withdrawal symptoms

This chart indicates the specific criterion for each substance that leads to diagnosis for withdrawal. Column one lists the symptom. Column two lists the specific category and some explanation as it is listed within the assessment. Column three through seven lists the specific substances with the corresponding criterion reference from the DSM.

DMS-IV-TR symptom	When you haven't been able to obtain AOD, cut down on your use, or stopped using; have you experienced any of the following:	Alcohol (p. 216)	Sed./Hyp./Anx. (p. 289)	Cocaine (p. 246)	Amphetamine (p. 228)	Opioid (p. 273)
Diarrhea	Diarrhea					B6
Increased hand tremors	Hand tremors (have shaky hands)	B2	B2			
Fatigue	Fatigue (feel tired)			B1	B1	
Vivid, unpleasant dreams	Vivid unpleasant dreams (have bad dreams that seemed real)			B2	B2	
Transient visual, tactile, or auditory hallucinations or illusions	See, feel, or hear things that aren't there	B5	B5			
Grand mal seizures	Seizures (have convulsions or seizures)	B8	B8			
Nausea / vomiting	Nausea / vomiting (throw up or feel like throwing up)	B4	B4			B2
Insomnia or Hypersomnia	Insomnia or Hypersomnia (have trouble sleeping, including sleeping too much or not being able to sleep)	B3	B3	B3	B3	B9
Memory loss	Memory loss (general symptom of withdrawal – forget a lot of things or have problems remembering)	Gen	Gen	Gen	Gen	Gen
Dysphoric mood	Feeling sad, tense, or angry					B1
Fever	Fever					B8
Autonomic hyperactivity; pupillary dilation, piloerections or sweating	Sweating or heart racing (sweat more than usual, have your heart race or get goose bumps)	B1	B1			B5

DMS-IV-TR symptom	When you haven't been able to obtain AOD, cut down on your use, or stopped using; have you experienced any of the following:	Alcohol (p. 216)	Sed./Hyp./Anx. (p. 289)	Cocaine (p. 246)	Amphetamine (p. 228)	Opioid (p. 273)
Anxiety	Anxiety (feel really nervous)	B7	B7			
Increased appetite	Increased appetite (feel hungrier than usual)			B4	B4	
Lacrimination or rhinorrhea	Runny nose / watery eyes (have a runny nose or eyes watering more than usual)					B4
Psychomotor agitation	fidget, pace, wring your hands or have trouble sitting still	B6	B6	B5	B5	
Yawning	Yawning (Yawn more than usual)					B7
Muscle aches	Muscle aches					B3
Psychomotor retardation	Move and talk slower than usual			B5	B5	

GEN: General symptom

Source: Adapted from the American Psychiatric Association (1994). Diagnostic and statistical manual of mental disorders (4th ed). Washington, DC.

• **Substance Use Background:** This section will help determine if the client meets the criteria for abuse or dependence as defined by the diagnostic criteria in the DSM-IV-TR.

Review the indicated routes of administration and use the codes for each in the table that follows. Review the frequency of use codes and utilize them in the table that follows.

• **Route of Administration codes:** For each substance noted utilize these codes to indicate the route of administration for that substance. The categories are defined below:

Oral	Ingested substances by mouth.
Smoking	Drawing into the mouth.
Inhalation	The act of inhaling, drawing in air as in breathing.
Injection – IV	Injected into vein.
Injection – Intramuscular	Injected into muscle.

• **Frequency of Use codes:** For each substance noted utilize these codes to indicate the frequency of use for that substance.

• **Class of Substance:** Commonly abused drug classes are listed to indicate the client's use.

• **Specific Substance:** List the substance that the client indicates they use for the noted class of substance.

• **Age First Used:** For each substance noted indicate the age the client first used the substance.

• **Last Use:** For each substance noted indicate the date last used and the time of day used.

• **How Long Used:** For each substance noted indicate how long the client has used from the first use to the last use. Any periods of abstinence or non-use will be noted later.

• **Frequency of Use:** For each substance noted indicate the frequency of use for that substance using the codes listed.

• **Periods of Abstinence:** For each substance noted indicate any periods of abstinence. There will be an additional question later to further elaborate on these periods of abstinence.

• **Rank Substance in order of use:** For each substance noted indicate the preference of substance in order of use.

BIOMEDICAL CONDITIONS AND COMPLICATIONS – ASAM DIMENSION 2

- **Do you have any current of longstanding concerns about your health:** Indicate by a check ✓ client concerns regarding health. If yes, is indicated describe the concerns.
- **Do you have any known allergies:** Indicate by a check ✓ client response regarding allergies. If yes, is indicated describe the allergy type. Make any necessary notations that could impact the client during treatment to include food allergies (for residential providers).
- **Does your chemical use affect your medical conditions in any way:** Indicate by a check ✓ client response chemical use and medical conditions. If yes, is indicated describe how the chemical use affects the medical condition.
- **List any medications you currently take, have taken, or should take:** This table has five columns to indicate responses. The categories for the columns are defined below:

Medication	-	list the name of the medication prescribed.
Prescribed for	-	list the condition for which the medication was prescribed.
Dosage	-	list the dosage prescribed.
Frequency	-	list the frequency prescribed.
Taking as Prescribed	-	Indicate by a check ✓ client response if taking the prescription as recommended.
- **List previous hospitalization:** This table has four columns to indicate responses. The categories for the columns are defined below:

Date	-	indicate the date of hospitalization to the based on the best recollection of the client.
Facility	-	indicate the facility the client was hospitalized in.
Length of Stay	-	indicate the length of stay at the facility.
Treated For	-	indicate the condition or reason for hospitalization.
- **Are you pregnant:** Indicate by a check ✓ client response. If yes, make a note of this so level of care and placement can be for Specialized Women's program and services.
- **Are you receiving prenatal care:** Indicate by a check ✓ client response. If yes, make a note of this so level of care and placement can be for Specialized Women's program and services.
- **# of Pregnancies:** Indicate the number of pregnancies the client has had to include live birth, stillbirth, miscarriage, termination of pregnancy, etc.

PAIN ASSESSMENT SCALE

This section is here to look at the potential for the client to rely on / or utilize drugs or alcohol to treat a physical condition. As well as to look at any connection physical pain may have to the reason for substance use.

- **Do you have pain now:** Indicate by a check ✓ client response. If yes, indicate where the client has pain.

- **Rate the pain in relation to what represents the amount of pain you are experiencing:** Utilizing the pain scale indicate the client's response (if currently experiencing pain).
- **Is this pain related to withdrawal:** Indicate by a check ✓ client response. If yes, indicate what substance the client feels he or she is withdrawing from.
- **How long have you been in pain:** Indicate the client's response.
- **What makes the pain better or worse:** Indicate the client's response.
- **What medications do you take to relieve the pain:** Indicate the client's response and any designation for prescription versus non-prescription medications.
- **Have you had this same pain in the recent past:** Indicate by a check ✓ client response. If yes, indicate the client's explanation of the history of this pain.
- **Are you under a doctor's care for this pain:** Indicate by a check ✓ client response. If yes, indicate client's response of who the doctor is, frequency of visits, and recommended treatment.

TB CHECKLIST

This section satisfies a portion of the Substance Abuse Standards that require client's be screened for TB. Each statement should be prefaced with: For more than two weeks do you. This checklist is only a checklist of symptoms that most adults experience that have active TB. All persons entering into treatment should receive a skin test for tuberculosis.

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if they do not get treatment.

The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.

TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection. (Source: CDC Fact Sheet, July 2007)

- **Have you had TN or tested positive for TB in the past:** Indicate by a check ✓ client response. If the answer is yes, then the next series of questions do not need to be asked.

For more than *two weeks* do you....

- **Have sputum-producing cough:** Indicate by a check ✓ client response. Sputum is the act of coughing up and spitting out the material produced in the respiratory tract.
- **Cough up blood:** Indicate by a check ✓ client response. This blood could be in the sputum.

- **Have a loss of appetite:** Indicate by a check ✓ client response.
- **Have night sweats:** Indicate by a check ✓ client response. Night sweats are usually defined as episodes of significant nighttime sweating that soaks your bed clothes or bedding.
- **Have a fever:** Indicate by a check ✓ client response. Fever is an increase in internal body temperature to levels that are above normal (the common oral measurement of normal human body temperature 98.2 ± 1.3 °F).
- **Receive a TB medication:** Indicate by a check ✓ client response. Common medications associated with TB are Isoniazid, Rifampin, Pyrazinamide, Ethambutol, Streptomycin, Ethionamide, Cycloserine, and Capreomycin.

EMOTIONAL /BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS – ASAM DIMENSION 3

The responses that were indicated in the initial screening, utilizing the MINI Screen and the corresponding modules, are essential to this section. This section differs from the initial screen in that it asks for more in depth historical information and looks at a longer period of time. Note: If you receive conflicting information for any question, you must continue to query the client to find out what is most accurate.


- **As a child, were there any serious physical injuries or mental illnesses causing trauma:** Indicate by a check ✓ client response. If yes, allow client to provide a description.
- **Have you ever been diagnosed with a Mental Illness:** Indicate by a check ✓ client response. If yes, indicate the diagnosis and the client's explanation as to why they received this diagnosis. .
- **Have you ever had any treatment for mental/emotional problems:** Indicate by a check ✓ client response. The categories for the columns are defined below:

When	Indicate the date services were received. Unless known by the assessor, the date(s) are based on the self-report and best recollection of the client.
Where	Indicate the agency or facility the client has received services from. Include city and state if known.
Level of Care	Indicate the level of care for which the services received by the client were listed, i.e. outpatient, intensive outpatient, residential, etc.
Length of Treatment	Indicate the duration of treatment services received by the client.
Treated For	Indicate the condition or reason for treatment as the client understands it.

- **Have you ever been the victim or perpetrator of abuse:** Indicate by a check ✓ client response. This question covers abuse experienced or perpetrated as a child or an adult. If the client was a perpetrator of abuse indicate if there are any legal stipulations that would be impactful to the treatment environment. Indicate **when** the abuse occurred and **by whom**. If indicated, make a note of this so level of care and placement can be considered for Specialized Women's program and / or Trauma-Informed / Specific services. The categories for the columns are defined below:

Sexual	This form of abuse includes sexual assault (unwanted sexual contact that stops short of rape or attempted rape, this includes sexual touching and fondling), sexual harassment (Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature in which submission to or rejection of such conduct explicitly or implicitly affects an individual's work or school performance or creates an intimidating, hostile, or offensive work or school environment.), incest (Sexual contact between persons who are so closely related that their marriage is illegal e.g., parents and children, uncles/aunts and nieces/nephews, etc. This usually takes the form of an older family member sexually abusing a child or adolescent.), molestation (offenses in which an adult engages in non-penetrative activity with a minor for the purpose of sexual gratification; for example, exposing a minor to pornography or to the sexual acts of others), rape (forced sexual intercourse, including vaginal, anal or oral penetration; penetration may be by a body part or an object) and sodomy (anal penetration, oral sex, masturbation and paraphilia).
Domestic Violence	This form of abuse occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another, this can include stalking.
Physical	This form of abuse involves contact intended to cause pain, injury, or other physical suffering or harm.
Emotional	This form of abuse involves the systematic tearing down of the emotional stability of another human being. It is considered a pattern of behavior that can seriously interfere with positive development and includes verbal abuse.
Neglect	It is defined as the failure of caregivers to fulfill their responsibilities to provide the basic needed care. This care can be physical, emotional, or educational. It can also be active or passive.

• **Did you receive intervention:** Indicate by a check  client response.

• **Further assessment needed:** Indicate by a check  client response.

• **In the last year, have you felt like hurting or killing yourself:** Indicate by a check  client response. If yes, indicate:

1. When the client was feeling like this?
2. What were the circumstances that lead the client to feel this way?
3. Did the client have a plan?
4. Did he/she have the ability to act on that plan?

• **In the last year, have you felt like hurting or killing someone else:** Indicate by a check  client response. If yes, indicate:

1. When the client was feeling like this.
2. What were the circumstances, as reported by the client that lead him/her to feel this way?
3. Who, according to the client, were these thoughts aimed towards?
4. Did the client have a plan and an ability to act on that plan?

• **In the last year, have you experienced hallucinations or difficulty telling what is real from that which is not:** Indicate by a check ✓ client response. If yes, probe more about the specifics of these occurrences with the client and indicate the nature of the hallucinations and/or perceptions.

• **In the last year, have you had trouble remembering, concentrating or following simple instructions:** Indicate by a check ✓ client response. If yes, indicate the area in which the client has had trouble. Note if there was any explanation for this occurrence, the onset, the duration, and state whether or not this is still problematic.

MENTAL STATUS EXAM

The Mental Status Exam is the basis for understanding the client's presentation and functioning relevant to a diagnosis. This section does not have to be completed with the client present and can be completed after the client has left the session. The information used in this section is gleaned from the normal interviewing process and therapist and observation of the client.

• **Orientation:** Indicate by a check ✓ the client's ability to identify and recall one's identity and place in time and space. You may want to ask direct questions to assess the client's presenting level of orientation. If a deficit is found in any area, the deficient area should be indicated: person (who he/she is), place (where he/she are), time (including the date), and situation (that he/she is in) or object.

• **General Appearance:** Indicate by a check ✓ the client's general physical appearance and expression in the areas of dress (whether it was appropriate attire for the weather and season), grooming, and facial expression.

• **Mood/Affect:** Indicate by a check ✓ the client's mood/affect. While the client's mood is an indication of how they feel most days and their general pervasive emotional state as reported by them, their affect is the outward show of emotions and may vary as a result of their depression, elation, anger and normality. Note however, that if the overall sense of the client's mood from the assessment is of depression, then the client's mood is described as being depressed.

• **Self-Concept:** Indicate by a check ✓ the client's self-concept (defined as knowledge and understanding of one self).

• **Speech:** Indicate by a check ✓ the client's speech. Comment on this aspect of the individual by evaluating the volume, rate and flow of speech.

• **Memory:** Indicate by a check ✓ the condition of the client's immediate, recent, and remote memory. Look for immediate recall, short-term memory (an ability to remember several things after five minutes) and long-term memory (an ability to remember distant events).

• **Thought Process:** Indicate by a check ✓ the client's thought process. Address such features of thought as the rate of thoughts and discuss how they flow and are connected or disconnected.

• **Thought Content:** Indicate by a check ✓ the client's thought content. Use as a basis those areas of mental health discussed in the assessment and any beliefs the client has.

• **Judgment and Insight:** Indicate by a check ✓ the client's presenting judgment and insight. This looks at how the person makes judgments and decisions. Insight describes how much understanding or awareness the client has of his/her own psychological functioning or disturbance.

- **Notes:** Use this space to further elaborate on any areas of significance. Also note any special considerations that were taken into account during assessment that may have affected the exam.

READINESS TO CHANGE – ASAM DIMENSION 4

- **Do you have any behaviors that you need to change:** Indicate by a check ✓ the client's response. Have the client to explain why they responded in that way and indicate their response.
- **Do you think you have a problem with AOD and/or mental health:** Indicate by a check ✓ the client's response. Have the client to explain why they responded in that way and indicate their response.
- **Have you tried to hide your AOD use:** Indicate by a check ✓ the client's response.
- **Has anyone ever complained about your AOD use:** Indicate by a check ✓ the client's response.

The criterion that is indicated in parenthesis behind the following statements corresponds to the criteria for substance abuse and / or dependence as specified by the DSM. Additionally there is a crosswalk that follows to further show how the questions correspond with specific criteria.

- **Has your AOD use caused you to feel depressed, nervous, suspicious, decreased sexual desire, diminished interest in normal activities or cause other psychological problems:** Indicate by a check ✓ the client's response. (Criterion 7)
- **Has your AOD use affected your health by causing numbness, blackouts, shakes, tingling, TB, STDs, or any other health problems:** Indicate by a check ✓ the client's response. (Criterion 2)
- **Have you continued to use despite the negative consequences (at work, school, or home) of your use:** Indicate by a check ✓ the client's response. (Criterion A1)
- **Have you continued to use despite placing yourself and others in dangerous or unsafe situations:** Indicate by a check ✓ the client's response. (Criterion A2)
- **Have you had problems with the law because of your use:** Indicate by a check ✓ the client's response. (Criterion A3)
- **Has your AOD use affected you socially (fights, problem relationship, etc.):** Indicate by a check ✓ the client's response. (Criterion A4)
- **Do you need more AOD to get the same high:** Indicate by a check ✓ the client's response. (Criterion 1)
- **Do you spend a great deal of time in activities to obtain AOD and / or feeling it's affects:** Indicate by a check ✓ the client's response. (Criterion 5)
- **Has your AOD use caused you to give up or not participate in social, occupational or recreational activities that you once enjoyed:** Indicate by a check ✓ the client's response. (Criterion 6)
- **Have you continued to use after knowing it caused or contributed to physical and psychological problems:** Indicate by a check ✓ the client's response. (Criterion 7)

- **Have you used larger amounts of AOD than you intended:** Indicate by a check ✓ the client's response. (Criterion 3)
- **URICA Scores:** Indicate the URICA score for the appropriate use type and indicate a check ✓ by the corresponding stage of change.

CROSSWALK FOR DSM CRITERIA EMBEDDED WITHIN PLACEMENT ASSESSMENT

DIAGNOSTIC CRITERIA FOR SUBSTANCE ABUSE	
A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:	
	Dimension 4 Questions:
(1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)	Have you continued to use despite the negative consequences (at work, school, or home) of your use?
(2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)	Have you continued to use despite placing yourself and others in dangerous or unsafe situations?
(3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)	Have you had problems with the law because of your use?
(4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)	Has your AOD use affected you socially (fights, problem relationship, etc.)?
B. The symptoms have never met the criteria for Substance Dependence for this class of substance.	

DIAGNOSTIC CRITERIA FOR SUBSTANCE DEPENDENCE	
A. A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:	
	Dimension 4 Questions:
(1) tolerance, as defined by either of the following: (a) a need for markedly increased amounts of the substance to achieve Intoxication or desired effect (b) markedly diminished effect with continued use of the same amount of the substance	Do you need more AOD to get the same high?
(2) Withdrawal, as manifested by either of the following: (a) the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances) (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms	Has your AOD use affected your health by causing numbness, blackouts, shakes, tingling, TB, STDs, or any other health problem?
(3) the substance is often taken in larger amounts or over a longer period than was intended	Have you used larger amounts of AOD than you intended?
(4) there is a persistent desire or unsuccessful efforts to cut down or control substance use	
(5) a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects	Do you spend a great deal of time in activities to obtain AOD and / or feeling it's affects?
(6) important social, occupational, or recreational activities are given up or reduced because of substance use	Has your AOD use caused you to give up or not participate in social, occupational or recreational activities that you once enjoyed?
(7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)	Have you continued to use after knowing it caused or contributed to physical and psychological problems? Has your AOD use caused you to feel depressed, nervous, suspicious, decreased sexual desire, diminished interest in normal activities or cause other psychological problems?

URICA

Note: *The URICA can be pulled out of the assessment and the client can self-administer with the assistance of an administrative support staff member prior to the client meeting with the assessor. The administrative staff would score it based on the client's responses and the scoring key. It is suggested that a URICA be done for alcohol and a separate URICA be done for drug use. The scale and scoring information must be provided to the clinician upon completion (prior to completion of the assessment). The score and the readiness stage is required within the assessment and necessary for placement.*

The Transtheoretical Model (TTM; Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992) is an integrative, biopsychosocial model to conceptualize the process of intentional behavioral change. Whereas other models of behavioral change focus exclusively on certain dimensions of change (e.g. theories focusing mainly on social or biological influences), the TTM seeks to include and integrate key constructs from other theories into a comprehensive theory of change that can be applied to a variety of behaviors, populations, and settings (e.g. treatment settings, prevention and policy-making settings, etc.).

One of the key constructs of the TTM is the Stages of Change. Behavioral change can be thought of as occurring as a progression through a series of stages. Previous research has measured a number of cognitive and behavioral markers that have been used to identify these stages. The Stages of Change are as follows:

Precontemplation: Individuals in the Precontemplation stage are not thinking about or intending to change a problem behavior (or initiate a healthy behavior) in the near future (usually quantified as the next six months). Precontemplators are usually not armed with the facts about the risks associated with their behavior. Additionally, many individuals make unsuccessful change attempts, becoming discouraged and regressing back to the Precontemplation stage. The inclusion of the Precontemplation stage represents a significant contribution of the TTM, as individuals in this stage comprise a large proportion of individuals engaged in risky or unhealthy behaviors. In comparison to many traditional, action-oriented theories of behavior change, which view individuals in this stage as resistant and unmotivated, the TTM can be useful in guiding treatment and prevention programs by meeting the needs of these individuals, rather than ignoring them.

Contemplation: An individual enters the Contemplation stage when he or she becomes aware of a desire to change a particular behavior (typically defined as within the next six months). In this stage, individuals weigh the pros and cons of changing their behavior. Contemplators also represent a large proportion of individuals engaged in unhealthy behaviors, as ambivalence between the pros and cons of change keeps many people immobilized in this stage. Resolving this ambivalence is one way to help Contemplators progress toward taking action to change their behavior.

Preparation: By the time individuals enter the Preparation stage, the pros in favor of attempting to change a problem behavior outweigh the cons, and action is intended in the near future, typically measured as within the next thirty days. Many individuals in this stage have made an attempt to change their behavior in the past year, but have been unsuccessful in maintaining that change. Preparers often have a plan of action, but may not be entirely committed to their plan. Many traditional action-oriented behavior change programs are appropriate for individuals in this stage.

Action: The Action stage marks the beginning of actual change in the criterion behavior, typically within the past six months. By this point, where many theories of behavior change begin, an individual is half way through the process of behavior change according to the Transtheoretical Model. This is also the point where relapse,

and subsequently regressing to an earlier stage, is most likely. If an individual has not sufficiently prepared for change, and committed to their chosen plan of action, relapse back to the problem behavior is likely.

Maintenance: Individuals are thought to be in the Maintenance stage when they have successfully attained and maintained behavior change for at least six months. While the risk for relapse is still present in this stage, it is less so, and as such individuals need to exert less effort in engaging in change processes.

The Stages of Change addresses a facet of behavior change ignored by many other theories, namely that change is a process that occurs over time. It should be noted here that while progression through the Stages of Change can occur in a linear fashion, a nonlinear progression is more common. Often, individuals recycle through the stages, or regress to earlier stages from later ones, rather than progress through the stages in a linear sequence. Change often comes at its own pace – often quickly and in bursts, rather than a consistent rate. It is not unusual for someone to spend years in Precontemplation and then progress to Action in a matter of weeks or months.

The University of Rhode Island Change Assessment (URICA) is just one way to measure the stages of change. For instance, another way to measure stages is with algorithms.

The scoring for the URICA takes into consideration that raw scores will always be skewed because people tend to under-endorse precontemplation questions and over-endorse action and maintenance questions. Calculating the Readiness Score is done by calculating the means for precontemplation responses, contemplation responses, action responses and the struggling to maintain responses. Once means are found for each of the stage subscales, the mean from the precontemplation is subtracted from the summation of the other three stages. To obtain a Readiness to Change score, first sum items from each subscale and divide by 7 to get the mean for each subscale. Then sum the means from the Contemplation, Action, and Maintenance subscales and subtract the Precontemplation mean ($C + A + M - PC = \text{Readiness}$). Use the chart within the assessment to compute score to stage of change.

RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL – ASAM DIMENSION 5

- **How many times have you been treated for:** List here previous treatment episodes for alcohol and then drugs. Indicate when the treatment was received, the level of care (i.e. outpatient, residential, etc.), the type of discharge, and where the treatment was received. If there is a long treatment history you must use a separate sheet to list them out.
- **How many times for detox only:** List here the previous detox treatment episodes for alcohol and drugs.
- **Have you had any periods of abstinence from AOD and / or periods with no mental health problems:** Cross reference the previous noted periods of abstinence from the substance use background chart. Indicate by a check ✓ the client's response. If yes, indicate the periods of abstinence and from what substances and / or the periods where no mental health problems were experienced.
- **How was that abstinence / maintenance achieved:** If there have been periods of abstinence list how the client was able to achieve that e.g., attending AA meetings; changing friends or activities; attending church; using a sponsor or therapist. (Criterion A4)
- **What would you consider your relapse triggers:** Indicate the client's response.
- **Are you aware of what caused you to relapse:** Indicate the client's response.

- **Are you participating in any support groups:** Indicate by a check ✓ the client's response. List any support groups the client is involved in.
- **Do you have a sponsor:** Indicate by a check ✓ the client's response. List the name of the sponsor and contact information.
- **Have you ever participated in:** Indicate by a check ✓ if the client has participated in AA, NA, support group or had a sponsor.
- **In the past year, have you tried to reduce the effect of the current issues/problems:** Indicate the client's response and what they've done to reduce their problems. (Criterion 4)

RECOVERY / LIVING ENVIRONMENT – ASAM DIMENSION 6

- **Living Arrangement:** Indicate the number of years and months that the client has resided at current residence. Indicate by a check ✓ what best describes the current living arrangement. The categories are:
 - A Independent Living
 - B Resides with Family
 - C Homeless / Shelter
 - D Jail / Correctional Facility
 - E Other Institutional Setting
 - F Center Operated / Contracted Residential Program
 - G Center Subsidized Housing
 - H Alabama Housing Finance Authority Housing
 - I Other
- **Number in Household:** Indicate the number of individuals (adult and children ; permanent and transitional) to include yourself that currently live in your household.

EMPLOYMENT

- **Employment Status:** Indicate by a check ✓ what best describes current employment situation. The categories are defined below:

A Full-time	This job status usually has benefits (such as health insurance), however, temporary full-time jobs usually do not have benefits, working between 32-40 hours a week.
B Part-time	This job carries less hours per week than a full time job, and typically there are no benefits (such as health insurance).
C Unemployed, looking	This indicates the client is without work, available to work, and is currently seeking work.
D Homemaker	This indicates the client's prime occupation is to care for their family and/or home.

E Student	This indicates the client is enrolled in school and working toward a diploma, certificate, or degree. However, some students work part-time and / or full-time.
F Retired	This indicates the client has stopped working completely typically due to age, longevity of employment, personal choice, or medically required.
G Disabled	This refers to client's functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment, mental illness, and various types of chronic disease.
H Confined to Institution / Correction Facility	This indicates the client is currently incarcerated in a correctional setting or confined to an inpatient mental illness or mental retardation facility.
I Unemployed, not looking for 30 days	This indicates the client is without work and has not been looking for work within the stated amount of time.
S Supported employment	This indicates the client is disabled, however, due to their ability to contribute to society they have been matched with employment which focuses on their abilities and provides the supports the individual needs to be successful on a long-term basis.

- **Employment History:** Indicate previous employment history beginning with current and/or most recent employer to include: position, dates employed (year to year is sufficient), and reason for leaving.

EDUCATION


- **Are you currently in school, enrolled in a GED program, or a vocational program:** Indicate by a check ✓ if client is currently in school.

LEGAL

- **Legal Status:** Indicate by check ✓ mark the category which best represents the client's legal status. The categories are defined below:

Voluntary	This indicates that the client is not legally involved and / or though the client may have a legal status or background they have not been required to follow-up for treatment as a result of that legal status.
Involuntary, Criminal	This indicates the client is legally involved and required to follow up for treatment due to a criminal charge / case. The client may be apart of a drug court.

Not Guilty by Reason of Insanity	This is a type of criminal defense that may be entered when the client feels they should not be criminally liable due to their mental status. The legal system may require a mental status assessment to rule in / out this defense.
Juvenile Court	This indicates the client is legally involved with a juvenile court due to the age at time of alleged offense and required to follow up for treatment.
Involuntary, Civil – Outpatient	This indicates the client is legally involved and required to follow up for treatment due to a civil case. The judge and / or may have made a specific treatment recommendation for outpatient services. However, it is important to note that only a qualified substance abuse professional using a DMH/MR-SASD approved assessment can determine the recommended level of care to best meet the client's need for treatment.
Involuntary, Civil – Inpatient	This indicates the client is legally involved and required to follow up for treatment due to a civil case. The judge and / or may have made a specific treatment recommendation for inpatient services. However, it is important to note that only a qualified substance abuse professional using a DMH/MR-SASD approved assessment can determine the recommended level of care to best meet the client's need for treatment.
Other	This indicates that the previously mentioned legal status did not capture the type of legal involvement the client has.

• **Detailed Legal Status:** Indicate by check  mark the category which best represents the client's detailed legal status. The categories are defined below:

None	This indicates that the client is not legally involved.
State / Federal Court	This indicates the client is and / or was legally involved in a state or federal court case.
Formal Adjudication	This indicates a judge has reviewed evidence and arguments for legal issues and has made a decision based on that information. In regard to minors, it indicates that children are under a court's jurisdiction usually as a result of having engaged in delinquent behavior and not having a legal guardian that could be entrusted with being responsible for him or her.
Probation / Parole	This indicates the client's legal status based on suspension and / or completion of a jail / prison sentence. The conditions of this status are defined by a court and supervised by an officer of the court.
Other Legal Situations	This indicates that the previously mentioned detailed legal status did not capture the type of legal involvement the client has.
Diversions Program	This indicates that a sentencing alternative has been made available to the client in lieu of confinement to jail and / or prison. The diversionary option is provided in an effort to reduce the future likelihood of recidivism.


Prison	This indicates the client is physically confined to a correctional facility due to conviction of a legal charge.
DUI / DWI	This indicates the client has operated a motor vehicle after consuming AOD to the degree of impairment.
Other	This indicates that the previously mentioned detailed legal status did not capture the type of legal involvement the client has.

• **Arrest History:** Indicate the number of times the client has been arrested for any of the listed offenses. For each offense that an arrest is indicated, indicate by check ✓ mark if the client has ever been convicted of any of the listed offenses.

• **Explanation of the above to include outcome:** Based on the client's response indicate the circumstances involving the offense and the outcome of the offense i.e. case dismissed, youthful offender, expunged, placed on supervised probation and term, fine paid, pending court date, etc.

FAMILY

- **Do you have dependent children:** Indicate by a check ✓ if client has dependent children. This is a *specialized women's* question that is relevant to specialized women's services.
- **Who has custody of these children:** Indicate the name and relationship of the individual who has custody of any dependent children the client has. This is a *specialized women's* question that is relevant to specialized women's services.
- **Is there childcare available for these children:** Indicate by a check ✓ if childcare is available. For all no responses, the client must indicate why and / or explain the specifics to the situation. This is a *specialized women's* question that is relevant to specialized women's services.
- **Do you feel you have adequate parenting skills:** Indicate by a check ✓ the client's perception of their parenting skills. This is a *specialized women's* question that is relevant to specialized women's services.
- **Would you be interested in receiving more skills:** Indicate by a check ✓ the client's response to the need for additional parenting skills. This is a *specialized women's* question that is relevant to specialized women's services.
- **Family History of Mental Retardation:** Indicate by a check ✓ if client has known of anyone in their family who may have been mentally retarded. If yes, is indicated have client describe the nature of the retardation and their relation to the family member.
- **Quality of Interaction with family:** Indicate by a check ✓ the client's rating of interaction with his family.
- **Level of Satisfaction with support system:** Indicate by a check ✓ the client's rating of satisfaction with his current support system.
- **Describe your relationship with:** Indicate the client's response to his relationship with his mother, father, siblings, caretakers, and children.

- **Is your current living environment drug free:** Indicate by a check  if the client response to their living environment to include their surroundings , conditions, and influences. If no, describe the living environment of the client.
- **Who would you ask to take you to the hospital if you were to suddenly become ill:** Indicate the client response.
- **Would you call the same person to tell some really good news:** Indicate the client response.

The client can be dismissed at this point and assessor can complete the subsequent pages independently.

ASAM PPC-2R DIAGNOSTIC SUMMARY

This section will serve as the assessor's summary of all the information gained within the assessment. The summary is divided by the respective dimensions required to make placement based on ASAM PPC-2R. Consider each dimension and the level of functioning / severity within each dimension and provide sufficient data to assess the needs. The ASAM RRC-2R Crosswalk that follows may be beneficial in helping you to determine your risk rating.

Risk Rating	0	1	2	3	4
	No Risk	Low	Moderate	High	Severe

• **Dimension 1:** This dimension covers acute intoxication and / or withdrawal potential. Utilize the information from assessment page 1 to formulate your summary. Your summary should seek to address:

1. The risk for intoxication or withdrawal based on the historical information as well as the amount, frequency, chronicity and recency of discontinuation of AOD use.
2. Are there any signs of withdrawal.
3. What level of care, based on the signs or symptoms can the client be safely managed at? Pages 287- 289 of ASAM PPC-2R will help you in rating the risk; as well as the Adult detoxification criteria on pages 163-175.

• **Dimension 2:** This dimension covers biomedical conditions and complications. Utilize the information from assessment page 2 to formulate your summary. The information contained within this section will also correlate with the DSM-IV TR Axis III information. Your summary should seek to address:

1. Are there any current physical illnesses that need to be addressed because they create risk or may complicate treatment?
2. Are the conditions or complications: stabilized, being actively addressed, and being medically monitored?
3. Are there chronic conditions that affect treatment?
4. What level of care, based on the signs or symptoms can the client be safely managed at? Pages 290- 291 of ASAM PPC-2R will help you in rating the risk.

• **Dimension 3:** This dimension covers emotional/behavioral/cognitive conditions and complications. Utilize the information from the MINI Screen and any subsequent modules and assessment pages 2-4 to formulate your summary. The information contained within this section will also correlate with the DSM-IV TR Axis I & II information. Your summary should seek to address:

1. Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed because they create risk or complicate treatment?
2. Are there chronic conditions that affect treatment?
3. Do any emotional, behavioral, or cognitive problems appear to be an expected part of the addictive disorder or do they appear autonomous?
4. Are the problems severe enough to warrant specific mental health treatment?
5. Is the client able to manage the activities of daily living?
6. Can the client cope with any emotional, behavioral or cognitive problems?
7. What level of care, based on the signs or symptoms can the client be safely managed at? Pages 292-298 of ASAM PPC-2R will help you in rating the risk.

• **Dimension 4:** This dimension covers readiness to change. Utilize the information from assessment page 5 and the URICA to formulate your summary. Your summary should seek to address:

1. What is the client's emotional and cognitive awareness of the need to change?
2. What is the client's level of commitment to change?
3. What level of care, based on the signs or symptoms can the client be safely managed at? Pages 300-303 of ASAM PPC-2R will help you in rating the risk.

• **Dimension 5:** This dimension covers relapse/continued use/continued problem potential. Utilize the information from assessment pages 5 and 6 to formulate your summary. You should also consider any information from Dimension 3 that could impact addiction and/or mental health relapse or continued use. The information contained within this section will also correlate with the DSM-IV TR Axis I, II, & IV information. Your summary should seek to address:

1. Is the client in immediate danger of continued severe mental health distress and/or AOD use?
2. Does the client have any recognition or understanding or, or skills in coping with the addiction or mental disorder in order to prevent relapse, continued use or continued problems?
3. How severe are the problems and further distress that may continue or reappear if the client is not successfully engaged in treatment at this time?
4. How aware is the client of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use or impulses to harm self or others?
5. What level of care, based on the signs or symptoms can the client be safely managed at? Pages 304-308 of ASAM PPC-2R will help you in rating the risk.

• **Dimension 6:** This dimension covers recovery / living environment. Utilize the information from assessment pages 6 and 7 and individual information to formulate your summary. The information contained within this section will also correlate with the DSM-IV TR Axis IV information your summary should seek to address:

1. Do any family members, significant others, living situations, or school or work situations pose a threat to the clients safety or engagement in treatment?
2. Does the client have supportive friendships, financial resources, or educational or vocational resources that can increase the likelihood of successful treatment?
3. Are there legal, vocational, social service agency, or criminal justice mandates that may enhance the client's motivation for engagement in treatment?
4. Are there transportation, child care, housing or employment issues that need to be clarified or addressed?
5. What level of care, based on the signs or symptoms can the client be safely managed at? Pages 309-312 of ASAM PPC-2R will help you in rating the risk.

ASAM PPC-2R CROSSWALK*ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders***RISK RATING in SIX DIMENSIONS**

	1	2	3	4
1 Acute Intoxication/ Withdrawal Potential	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self or others. Minimal risk of severe withdrawal.	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe withdrawal.	Severe signs & symptoms of intoxication indicates an imminent danger to self or others. Risk of severe but manageable withdrawal; or withdrawal is worsening.	Incapacitated, with severe signs & symptoms. Severe withdrawal presents danger, as of seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleed, or fetal death).
2 Biomedical Conditions and Complications	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms are present. Serious biomedical problems are neglected.	Serious medical problems are neglected during outpatient treatment. Severe medical problems are present but stable. Poor ability to cope with physical problems.	The client is incapacitated, with severe medical problems.
3 Emotional, Behavioral or Cognitive Conditions and Complications	There is a diagnosed mental disorder that requires intervention, but does not significantly interfere with tx. Relationships are being impaired but not endangered by substance use.	Persistent mental illness, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe psychiatric symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self or others, but not dangerous in a 24-hr setting.	Severe psychiatric symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self and others.
4 Readiness to Change	Willing to enter treatment, but is ambivalent about the need for change. Or willing to change substance use, but believes it will not be difficult to do so.	Reluctant to agree to treatment. Able to articulate negative consequences of usage but has low commitment to change use. Only passively involved in tx.	Unaware of the need for change, minimal awareness of the need for treatment, and unwilling or only partially able to follow through with recommendations.	Not willing to explore change, knows very little about addiction, and is in denial of the illness and its implications. Unable to follow through with recommendations.
5 Relapse, Continued Use or Continued Problem Potential	Minimal relapse potential, with some vulnerability, and has fair self management and relapse prevention skills.	Impaired recognition and understanding of substance use relapse issues, but is able to self manage with prompting.	Little recognition and understanding of substance use relapse issues, and poor skills to interrupt addiction problems, or to avoid or limit relapse.	No skills to cope with addiction problems, or to prevent relapse. Continued addictive behavior places self and/or others in imminent danger.
6 Recovery Environment	Passive support or significant others are not interested in client's addiction recovery, but is not too distracted by this and is able to cope.	The environment is not supportive of addiction recovery but, with clinical structure, able to cope most of the time.	The environment is not supportive of addiction recovery and the client finds coping difficult, even with clinical structure.	The environment is chronically hostile and toxic to recovery. The client is unable to cope with the negative effects of this environment on recovery, and the environment may pose a threat to the client's safety.
	Low	Moderate	High	Severe

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CLIENT CHARACTERISTIC DATA SUMMARY

This section compiles all the information from previous sections and within the assessment for summarizing all client data that will be keyed into the information system thus the reason for duplication of some information. Specific codes will be used in some sections for responses.

• **ASAIS ID:** This number is assigned through ASAIS after the client is screened and is used for reporting. Write in the client's unique identifying number.

• **Date of Birth:** Enter two digits for the month, two digits for the day, and four digits for the year excluding slashes (e.g., 07/17/1997).

• **Last Name:** Write in the client's last name.

• **First Name:** Write in the client's first name.

• **MI (Middle Initial):** Write in the client's middle initial.

• **Co Dependent /Collateral:** Indicate by a check ☒ if the client has no AOD problem, but satisfies all of the following conditions:

1. Is seeking services because of problems arising from his or her relationship with an alcohol or drug user.
2. Has been formally admitted for service to a treatment unit.
3. Has his or her own client record or has a record within a primary client record.

• **Principal Source of Referral:** Indicate the two digit code corresponding with the information indicated on assessment page 6 entitled referral source. Referral source codes are as follows:

01 <input type="checkbox"/> Self	16 <input type="checkbox"/> Diversionary Program/TASC	31 <input type="checkbox"/> Multi-Service MH Agency
02 <input type="checkbox"/> Parent	17 <input type="checkbox"/> Prison	32 <input type="checkbox"/> Outpatient Psych Services/Clinic
03 <input type="checkbox"/> Physician	18 <input type="checkbox"/> Other Criminal Justice	33 <input type="checkbox"/> Private Psychiatrist
04 <input type="checkbox"/> School System	19 <input type="checkbox"/> Police	34 <input type="checkbox"/> Other Physician
05 <input type="checkbox"/> Other Family	20 <input type="checkbox"/> Guardian	35 <input type="checkbox"/> Other Private MH Practitioner
06 <input type="checkbox"/> Friend	21 <input type="checkbox"/> Other Community Referral	36 <input type="checkbox"/> Other Health Provider
07 <input type="checkbox"/> Spouse	22 <input type="checkbox"/> Educational Agency	37 <input type="checkbox"/> Partial Day Organization
08 <input type="checkbox"/> DHR	23 <input type="checkbox"/> State/County Psych Hospital	38 <input type="checkbox"/> Shelter for the Homeless
09 <input type="checkbox"/> Employer / EAP	24 <input type="checkbox"/> General / Psychiatric Hospital	39 <input type="checkbox"/> Shelter for the Abused
10 <input type="checkbox"/> Court / Correctional Agency	25 <input type="checkbox"/> Other Inpatient, Psychiatric	40 <input type="checkbox"/> MR Regional Office
11 <input type="checkbox"/> State / Federal Court	26 <input type="checkbox"/> Nursing Home/Extended Care	41 <input type="checkbox"/> ARC
12 <input type="checkbox"/> Formal Adjudication Process	27 <input type="checkbox"/> Alcohol Treatment, Inpt/Res	42 <input type="checkbox"/> 310 Program
13 <input type="checkbox"/> Probation / Parole	28 <input type="checkbox"/> Drug Abuse, Inpt/ Res	43 <input type="checkbox"/> Voc Rehab Services
14 <input type="checkbox"/> Recognized Legal Entity	29 <input type="checkbox"/> Alcohol Treatment, Not Inpt	44 <input type="checkbox"/> Personal Care/Boarding Home
15 <input type="checkbox"/> DUI / DWI	30 <input type="checkbox"/> Drug Abuse Tx, Not Inpt	45 <input type="checkbox"/> Clergy
		98 <input type="checkbox"/> Other

• **Client Transaction Type:** Indicate by a check ☒ the type that indicates whether the client is an admission or transfer/change in service.

• **Fund Code:** Indicate by a check ☒ the fund code for the client.

• **Problem Substances:** Indicate the primary, secondary, and tertiary problem substance type with the corresponding information indicated on assessment page 13.

Use the corresponding alphabet for the substance **Type**:

A	None	H	PCP	O	Barbiturates
B	Alcohol	I	Other Hallucinogens	P	Other non-barbiturate sedatives or hypnotics
C	Cocaine/Crack	J	Metamphetamine	Q	Inhalants
D	Marijuana/Hashish	K	Other Amphetamines	R	Over-the-counter
E	Heroin	L	Other Stimulants	Y	Other
F	Non-Prescription Methadone	M	Benzodiazepines	U	Unknown
G	Other Opiates and Synthetics	N	Other Nonbenzodiazepine tranquilizers		

Use the corresponding drug **Detail** code for the substance type:

00	None	19	Methylphenidate (Old-Recoded to 1202)	38	Other Sedatives
01	Alcohol	20	Other Stimulants	39	Aerosols
02	Crack	21	Alpraxolam (Xanax)	40	Nitrites
03	Other Cocaine	22	Chlordiaepoxide (Librium)	41	Other Inhalants
04	Marijuana/Hashish	23	Clorazepate (Tranxene)	42	Solvents
05	Heroin/Morphine	24	Diazepam (Valium)	43	Anesthetics
06	Non-Prescription Methadone	25	Flurazepam (Dalmane)	44	Diphenhydramine
07	Codeine	26	Lorazepam (Ativan)	45	Diphenylhydantoin/Phenytoin (Dilantin)
08	Propoxyphene (Darvon)	27	Triazolam (Halcion)	46	Prevention
09	Oxycodone (Oxycotin)	28	Other Benzodiazepines	47	Methylenedioxymethamphetamine (MDMA, Ecstasy)
10	Meperidine (Demerol)	29	Meprobamate (Miltown)	48	Flunitrazepam (Rohypnol)
11	Hydromorphone (Dilaudid)	30	Other Tranquilizers	49	GHB/GBL (Gamma-Hydroxybutyrate, Gamma-butyrolactone)
12	Other Narcotic Analgesics	31	Phenobarbital	50	Ketamine (Special K)
13	Pentazocine (Talwin)	32	Secobarbital/Amobarbital (Tuinal)	51	Clonazepam (Klonopin, Rivotril)
14	PCP or PCP Combination	33	Secobarbital (Seconal)	52	Hydrocodone (Vicodin)
15	LSD	34	Ethchlorvynol (Placidyl)	53	Tramadol (Ultram)
16	Other Hallucinogens	35	Gluthethimide (Doriden)	54	Methylphenidate (Ritalin)
17	Methamphetamine/Speed	36	Methaqualone	98	Other Drugs
18	Amphetamine	37	Other Non-Barbiturate Sedatives		

Use the corresponding **Route** code for the substance type:

1- Oral 2 - Smoking 3 - Inhalation 4 - Injection-IV 5 - Injection-Intramuscular 8 - Other

Use the corresponding **Frequency** code for the substance type:

1 – No use in the past month 2 – 1-3 times in the past month 3 -1-2 times in the past week 4 – 3-6 times in the past week
5 - Daily 8 - Other

• **Employment Status:** Indicate the employment status with the corresponding information indicated on assessment page 4. Use the corresponding **Employment Status** code:

A <input type="checkbox"/> Full-time	B <input type="checkbox"/> Part-time	C <input type="checkbox"/> Unemployed, looking	D <input type="checkbox"/> Homemaker
E <input type="checkbox"/> Student		F <input type="checkbox"/> Retired	G <input type="checkbox"/> Disabled
H <input type="checkbox"/> Confined to Institution/Correction Facility		I <input type="checkbox"/> Unemployed, not looking for 30 days	S <input type="checkbox"/> Supported employment

• **Hearing Status:** Indicate the hearing status. Use the corresponding **Hearing Status** code:

1- Hearing 2 – Hard of Hearing 3 - Deaf

• **Linguistic Status:** Indicate the linguistic status. Use the corresponding **Linguistic Status** code:

1 - English Proficiency 2 – Limited English Proficiency 3 – Low Literacy Level 4 - Not Literate 5 - Cognitive Disability 8 - Other Disability

• **Living Arrangements:** Indicate the living arrangement with the corresponding information indicated on assessment page 4. Use the corresponding **Living Arrangement** code:

- | | |
|--|---|
| A <input type="checkbox"/> Independent Living | F <input type="checkbox"/> Center Operated / Contracted Residential Program |
| B <input type="checkbox"/> Reside with Family | G <input type="checkbox"/> Center Subsidized Housing |
| C <input type="checkbox"/> Homeless / Shelter | H <input type="checkbox"/> Alabama Housing Finance Authority Housing |
| D <input type="checkbox"/> Jail / Correctional Facility | I <input type="checkbox"/> Other: |
| E <input type="checkbox"/> Other Institutional Setting (nursing home, etc) | |

• **Pregnant at Time of Admission:** Indicate by a check ☒ if the client is pregnant at time of admission. Cross check with the corresponding information indicated on assessment page 7.

• **Veteran:** Indicate by a check ☒ if the client is a veteran. Cross check with the corresponding information indicated on assessment page 4.

• **Co-Occurring Disorders Screen:** Indicate by a check ☒ if the client has received a co-occurring disorder screen for psychiatric problem.

• **Co-Occurring Disorders Assessment:** Indicate by a check ☒ if the client has received a co-occurring disorder assessment.

• **Co-Occurring:** Indicate by a check ☒ if the client has a co-occurring disorder assessment.

• **Opioid Maintenance Therapy:** Indicate by a check ☒ if methadone or buprenorphine is part of the client's treatment.

• **Number of Prior Treatment Episodes:** Indicate the number of prior treatment episodes utilizing the corresponding information indicated on assessment page 13.

• **Number of Arrests in 30 days Prior to Admission:** Indicate the number of prior treatment episodes utilizing the corresponding information indicated on assessment page 6.

• **Financial Support:** Indicate the financial support the client has utilizing the corresponding information indicated on assessment page 5. Use the corresponding **Financial Support** codes:

01 ☐ Wages/Salary 02 ☐ Public Assistance 03 ☐ Retirement/Pension 04 ☐ Disability 08 ☐ None 20 ☐ Other

• **Health Insurance:** Indicate the health insurance the client has utilizing the corresponding information indicated on assessment page 7. Use the corresponding **Health Insurance** codes:

01 ☐ Private Insurance (other than Blue Cross/Blue Shield or an HMO) 02 ☐ Blue Cross/Blue Shield 03 ☐ Medicare
04 ☐ Medicaid 06 ☐ Health Maintenance Organization (HMO) 20 ☐ Other (e.g. Tricare, Champus) 21 ☐ None 97 ☐ Unknown

• **Source of Payment:** Indicate the source of payment that will be utilized for services. Use the corresponding information indicated on assessment page 5. Use the corresponding **Source of Payment** codes:

0 ☐ No Charge (free, charity, special research or teaching) 1 ☐ Worker's Compensation
2 ☐ Personal Resources (Self/Family) 3 ☐ Health Insurance Companies (Not BCBS) 4 ☐ Service Contract (EAP, HMO, public mental health authority)

5 ☐ Medicaid

6 ☐ Medicare

9 ☐ Other Government Payments

10 ☐ Blue Cross/Blue Shield

11 ☐ DMH

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• **DSM-IV Diagnosis:** Indicate the client's diagnosis utilizing the information gathered and the DSM-IV TR for all five axis. For Axis I-III indicate the diagnosis code and then indicate the description of the diagnosis code by entering the name of the diagnosis. For Axis IV, indicate by a check ☐ if the client has any psychosocial stressors. For Axis V rate the client's functioning in terms of mental health/illness to include substance use disorders to indicate the current Global Assessment of Functioning.

• **Population Code:** Indicate by a check ☐ if the client is considered to be in a special population that has treatment priority.

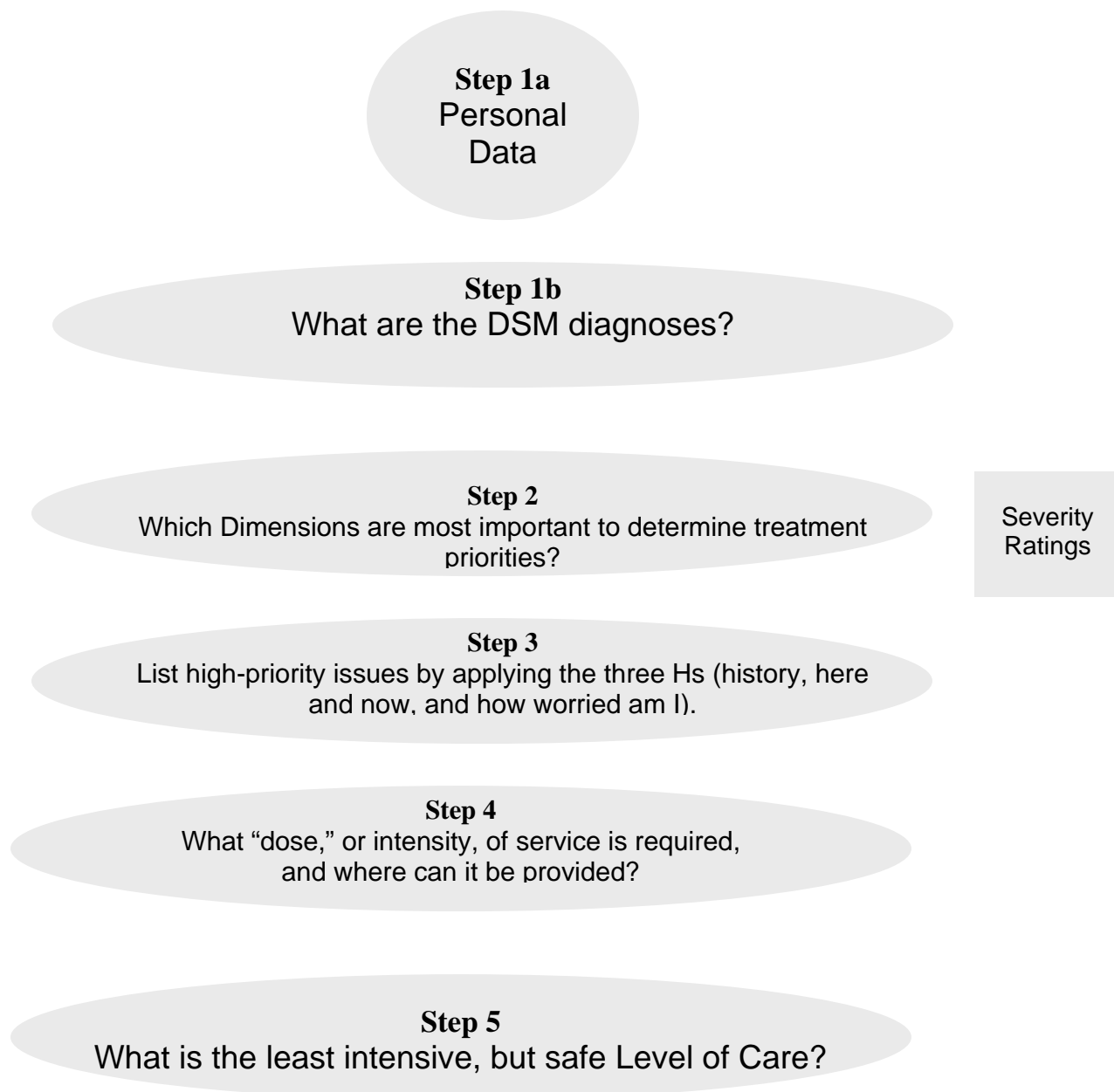
- **Assessed Level of Care:** Indicate by a check ✓ the assessed level of care the client appears to need treatment in. This level of care is based on all the information gathered in the assessment but more specifically relevant to the information from the ASAM PPC-2R Diagnostic Summary on page 15.
- **Placed Level of Care:** Indicate the actual level of care the client will be placed in based on the least restrictive environment for the treatment need as well as availability of services. If the assessed level is not available at the time of assessment you may begin the client in another level of care until an opening becomes available in the level of care needed i.e. crisis residential has a waiting list, however, client can begin intensive outpatient treatment until an opening is available in crisis residential.
- **Reason for Difference:** Indicate by a check ✓ the reason for any difference between the assessed level of care and the place level of care. Items that may be entered the Other category could include: level of service available, but no payment source; geographic inaccessibility; family responsibility; language; waiting list etc.
- **Disposition:** Indicate the appropriate information based on the client disposition for one of the following:
 1. Where the client was **Admitted to** (name of agency) if client was admitted and the **Date of Admission** if client was admitted;
 2. Where the client was **Referred to** (name of agency);
 3. If the **Assessed level is not available** therefore client was referred somewhere for interim care.
 4. If **no services available**, and client was referred to an agency(ies) and placed on the waiting list for services.
 5. If client **refused further services**.
- **Release of Information:** Indicate by a check ✓ if release of information is on file. Also indicate if the client will be apart of any of the special programs listed.
- **Medical provider review of LOC Assessment:** For Level III.7 programs and above. Indicate by a check ✓ the appropriate statement.
- **Signatures:** Staff member completing the assessment will sign and date. Any necessary reviewing staff member who has reviewed the assessment will sign and date. And if a physician reviewed the assessment he or she will sign and date.

APPENDIX

This chart comes from Hazelden's Clinical Innovator's Series: Applying ASAM Placement Criteria, Clinician's Manual by David Mee-Lee. Referencing pgs. 17-30 of this book are essential to it's use.

TOOL 1

Placement Flow Chart



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